

215047708  
70221

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 035	Agency Case No. B5-107383	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/17/2015		TIME OF ACCIDENT 1740	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1744	Amended	
B	45	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. N 48TH ST/R ST - O ST			PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11/17/2015
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
V1/M	20	NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V2/M	01	MILES		N S E W	AND MILES	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
F	2	VEHICLE NO. 1				
V1/N	1	DRIVER LICENSE NO.	UNKNOWN	STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V2/N	1	DRIVER	UNKNOWN	PHONE		LOCAL NO.
G	3	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)		
H	5	OWNER	UNKNOWN	PHONE		LOCAL NO.
V1/O	5	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CITATION NO.
V2/O	1	LICENSE PLATE NO.	UNKNOWN	YEAR (Plate Expires)		STATE (Of Plate)
I	1	VEHICLE	Unknown	MAKE	MODEL	BODY STYLE
V1/P	8	VEHICLE ID NO. (VIN)	UNKNOWN	COLOR	Unknown body	ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$
V2/P	1	INSURANCE COMPANY	UNKNOWN	POLICY NO.	UNKNOWN	
J	01	VEHICLE NO. 2				
V1/Q	4	DRIVER LICENSE NO.	H13403490	STATE (Of License)	NE	SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V2/Q	4	DRIVER	EDWIN A OWUSU-ANSAH	PHONE		LOCAL NO.
K	01	DRIVER ADDRESS	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	06/11/1989	
L	01	OWNER	ALBERT O ANSAH / MATILDA FRIMPONG	PHONE	4023262763	LOCAL NO. 03-03-1964
M	01	OWNER ADDRESS	CITY, STATE, ZIP	CITATION <input type="checkbox"/> PENDING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CITATION NO.
N	01	LICENSE PLATE	PA NO. TAD510	YEAR (Plate Expires)	2015	STATE (Of Plate) NE
O	01	VEHICLE	2006	MAKE	Honda	MODEL
P	01	VEHICLE ID NO. (VIN)	1HGCM56336A110013	COLOR	blue	BODY STYLE
Q	01	INSURANCE COMPANY	STATE FARM INSURANCE COMPAN	POLICY NO.	058-0188-F20-27	
R	01	Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				
S	01	VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
T	01	VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
U	01	VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
V	01	VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F

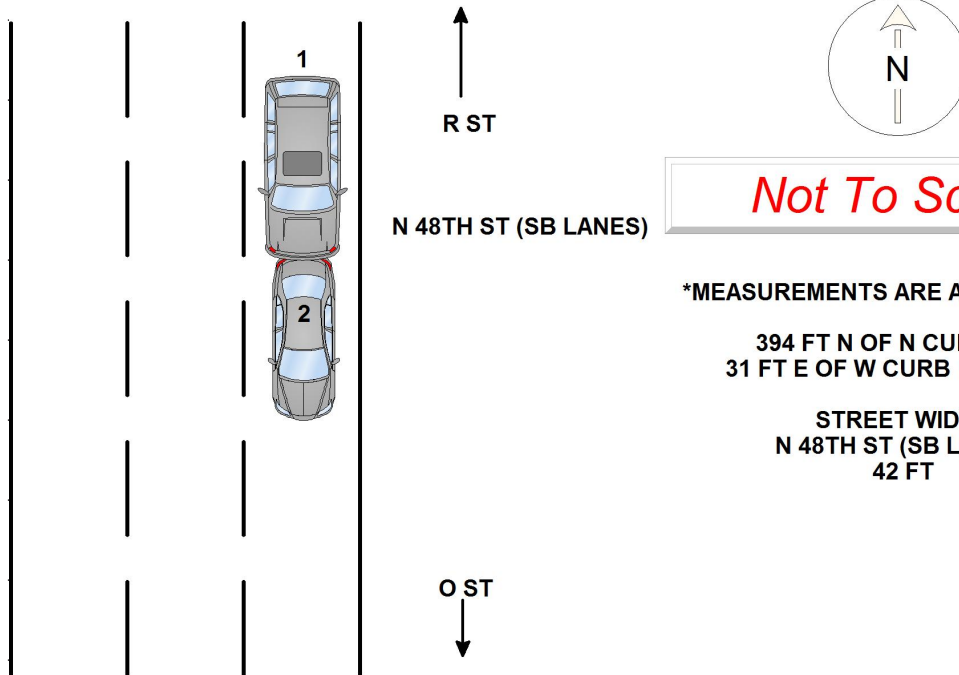
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
B5-107383



Indicate  
North  
by Arrow



\*MEASUREMENTS ARE APPROXIMATE\*

394 FT N OF N CURB O ST  
31 FT E OF W CURB N 48TH ST

STREET WIDTH  
N 48TH ST (SB LANES)  
42 FT

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D2 reported he was driving southbound on N 48th St between R St and O St. D2 said the vehicle in front of his stopped quickly and he also began to stop. D2 said his vehicle was then struck from behind by V1. D2 said V1 then left the scene. No license plate number was obtained and there are no leads. Above ground level measurements between 16.5 and 22.5 inches.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS					
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		VEH 1	1	VEH 2	3
1		X			N 48TH ST	POINT OF IMPACT	01	POINT OF IMPACT	05	1	Deployed - front	1	None used - vehicle occupant	ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian
2		X			N 48TH ST	MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	2	Deployed - side	2	Lap & shoulder belt used	ALCOHOL LEVEL TESTED	Y	Y	Y
1	01				06 Turning left					3	Deployed - both front/side	3	Shoulder belt only used	BAC LEVEL			
2	11				08 Entering traffic lane					4	Not deployed	4	Lap belt only used	ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	
					09 Leaving traffic lane					5	Not applicable/ No airbag available	5	Child safety seat used		5	1	
					10 Undercarriage					6	Unknown	6	Child booster seat used				
					11 Total (all areas)							7	DOT approved helmet used				
					12 Other							8	Costume helmet used	1 Neither alcohol nor drugs suspected			
												9	Restraint use unknown	2 Yes - alcohol suspected			
														3 Yes - drugs suspected			
														4 Yes - alcohol & drugs suspected			
														5 Unknown			
OFFICER NO. 1685						TROOP/ TEAM/ BEAT 2		DEPARTMENT Lincoln Police Department						Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME (Print or Type) Kyle Meyerson						INVESTIGATOR SIGNATURE Approved by Officer Kyle Meyerson						DATE OF REPORT 11/17/2015					